

#### D. HEALTH INSURANCE

- D1. The Medicare number is needed to allow (SP's) Medicare records to be easily and accurately located and identified for statistical research purposes. What is (SP's) Medicare claim number?

**FMCARNUM** | | | | - | | | - | | | | | |

- D2. Since (SP) was first admitted to this facility, has (SP) ever been covered by (Medicaid/STATE NAME FOR MEDICAID)?

<b>FAIDCOVR</b>	YES .....	1 (D3)
	NO .....	2 (D7)

- D3. When was (SP) first covered by (Medicaid/STATE NAME FOR MEDICAID)? PROBE FOR MONTH IF WITHIN PAST 2 YEARS.

**MSTARTMM** \_\_\_\_\_ / \_\_\_\_\_  
**MSTARTYY** \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

- D4. At any time since (SP) was first covered by (Medicaid/STATE NAME FOR MEDICAID), was there a period of time during which (SP) was not covered by (Medicaid/STATE NAME FOR MEDICAID)?

**NOMCAID** YES ..... 1 (D5)  
NO ..... 2 (D7)

- D5. What were the periods of time (SP) was not covered by (Medicaid/STATE NAME FOR MEDICAID)?

	<u>FROM</u>		<u>TO</u>
	<b>FNOMMM1</b>	<b>FNOMYY1</b>	<b>FNOMEMM1</b> <b>FNOMEYY1</b>
PERIOD 1:	_____/_____ MONTH      YEAR		_____/_____ MONTH      YEAR
	<b>FNOMMM2</b>	<b>FNOMYY2</b>	<b>FNOMEMM2</b> <b>FNOMEYY2</b>
PERIOD 2:	_____/_____ MONTH      YEAR		_____/_____ MONTH      YEAR

- D6. At any time since (REFERENCE DATE), has (SP) been covered by (Medicaid/STATE NAME FOR MEDICAID)?

**AIDCOVER** YES ..... 1  
NO ..... 2

- D7. At any time since (REFERENCE DATE), has (SP) been covered by any other public assistance program (besides Medicaid/STATE NAME FOR MEDICAID) that pays for medical care?

<b>PUBCOVER</b>	YES .....	1 (D8)
	NO .....	2 (D9)

D8. What is the name of the program that covered (SP)?

<b>FPLNNAME</b>	_____
<b>FPLNTYPE</b>	PROGRAM NAME

D9. I would like to ask about other types of health insurance. At any time since (REFERENCE DATE), has (SP) been covered by a health insurance plan, an HMO, or by any other medical insurance that pays hospital or doctor bills or covers the cost of prescribed medicines?

<b>PRVCOVER</b>	YES .....	1 (D11)
	NO .....	2 (D10)

D10. Some people who are eligible for Medicare have additional coverage that is sometimes referred to as Medigap or Medicare Supplement. At any time since (REFERENCE DATE) did (SP) have this type of health insurance coverage?

<b>GAPCOVER</b>	YES .....	1 (D11)
	NO .....	2 (SECTION L)
	DON'T KNOW .....	-8 (SECTION L)

D11. What is the name of each of the plans that provide (SP's) medical insurance coverage? LIST EACH PLAN IN A SEPARATE COLUMN.

PLAN 1:	PLAN 2:	PLAN 3:
<b>FPLNNAME</b>		
_____	_____	_____
PLAN NAME	PLAN NAME	PLAN NAME
<b>FPLNTYPE</b>		

GO TO SECTION L, TRACING AND  
CLOSING